## PART B - FEE(S) TRANSMITTAL

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PORTLAND, OR 97204				Enoy Lawless		(Depositor's name)
			4	/Elloy Lawless/		(Signature)
				04/20/2007 (Date)		
APPLICATION NO.	PLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/748,632	12/30/2003		Thomas B. Mader		110578-135407	6893
TITLE OF INVENTION: OPTICAL COMMUNICATIONS ADAPTER MODULE						
T			PUBLICATION FEE DU	PREV. PAID ISSU	E FEE TOTAL FEE(S) DUE	DATE DUE
APPLN. TYPE	SMALL ENTITY NO	ISSUE FEE DUE \$1400	\$300	SO SO	\$1700	05/22/2007
nonprovisional				۰, ۳	31700	05/22/2007
EXAMINER DEDEKT		ART UNIT	CLASS-SUBCLASS 385-092000	ا		
DUPUIS, DEREK L 2883  1. Change of correspondence address or indication of "Fee Address" (37)				the retart front need list		
CFR 1.363).			(1) the names of up to 3 registered patent attorneys			
Address form PTO/SE	ondence address (or Cha 3/122) attached.	nge of Correspondence	or agents OR, alternatively,  (2) the name of a single firm (having as a member a 2 & WYATT, P.C.			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered pattern storneys or agents. If no name is 3			
Number is required.			listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Intel Corporation Santa Clara, CA						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual XXCorporation or other private group entity 🛄 Government						
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
XX Issue Fee			☐ A check is enclosed.			
YX Publication Fee (N	lo small entity discount	permitted)	Payment by credit card. Form PTO-2038 is attached.			
Advance Order -	# of Copies		☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500393 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
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Authorized Signature /Christopher D. Goodman/ Date 04/20/2007						
Typed or printed name Christopher D. Goodman			Registration No. 34338			
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